

# APPLICANT/NOMINEE PERSONAL FINANCIAL STATEMENT

For use of this form, see AR 601-1; the proponent agency is DCSPER

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority for Collection of Information: 5 USC 301.

**PRINCIPAL PURPOSES:** PERSCOM - To verify that individual meets financial criteria in accordance with AR 601-1 and is suitable for selection and assignment to recruiting duty.

USAREC - To ascertain financial status of recruiter selectee; to develop assignment for the individual relative to the varying cost in certain geographical locations.

**ROUTINE USES:** Used during inprocessing at the Army Recruiter Course to confirm continued eligibility for recruiting assignment.

**DISCLOSURE:** Completion of this form is voluntary. If requested information is not provided, selection and assignment will be made without consideration of financial status.

1. NAME (Last, First, Middle)	2. GRADE	3. SSN
4. Are you now or have you ever filed for bankruptcy? (If yes, state when, where, and why.)		YES NO
5. Have you ever received a letter(s) of indebtedness? (If yes, enter month and year below.)		
MONTH YEAR		
MONTH YEAR		
6. MONTHLY INCOME	AMOUNT	TOTAL
a. Basic Pay		
b. Separate Rations		
c. Clothing Allowance		
d. Total Military Income Before Taxes (Total of a thru c above)		
e. Subtract FICA and Income Taxes	(Subject)	
f. Total After Tax Income	(Equal)	
g. Any other Monthly Income (Do not include Spouse's income)	(Add)	
TOTAL MONTHLY SPENDABLE INCOME	(Equal)	

ADDITIONAL INFORMATION OR REMARKS

7. ASSETS		YES	NO	AMOUNT
a. Do you have a savings account? <i>(Enter approximate balance)</i>				
b. Do you own stocks, bonds, or benefit from a trust? <i>(Enter approximate value)</i>				
c. Do you own <i>(with no payments):</i>				
(1) Vehicles				
MAKE	MODEL YEAR			
_____				
_____				
(Enter total estimated value)				
(2) _____ Home _____ Trailer ("x" one)				
(Enter total estimated value)				
(3) Furniture <i>(Enter estimated value)</i>				
(4) Land <i>(Enter estimated value)</i>				
TOTAL ASSETS				
8. MONTHLY EXPENDITURES/LIABILITIES				MONTHLY PAYMENT
a. Cost of food <i>(Include meals eaten out, school lunches, etc.)</i>				
b. Clothing <i>(Dry cleaning/laundry)</i>				
c. Medical <i>(Doctor, orthodontist, special medications, special schooling or treatment for handicapped family member)</i>				
d. Insurance <i>(Life, auto, homeowner, other)</i>				
e. Vehicle expenses				
(1)	MAKE	MODEL	YEAR	
	_____			
	_____			
	_____			
(Enter total estimated value)				
(2) Gas, Oil, maintenance				
f. List charge cards or credit cards for which you have an outstanding balance:		BALANCE OWED		
NAME				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

8. MONTHLY EXPENDITURES/LIABILITIES <i>(Continued)</i>				BALANCE OWED	MONTHLY PAYMENT
g. List finance companies, banks, credit unions, or other institutions where you have an outstanding loan:					
NAME					
h. Alimony or child support.					
i. Any allotments for purposes not listed above? <i>(If yes, state for what purpose.)</i>	YES	NO			
j. Any other indebtedness or financial obligation not listed above? <i>(Use remarks section to explain if necessary.)</i>					
TOTAL MONTHLY EXPENDITURES/LIABILITIES					
REMARKS					

9. SIGNATURE OF VOLUNTEER/NOMINEE	10. DATE
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